

<b>DIVISION USE ONLY</b>	CLASS _____	EXP. DATE _____/_____/_____
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**LICENSE PLATE NO.** \_\_\_\_\_

West Virginia Department of Transportation

# Division of Motor Vehicles

## Application for Transfer of a License Plate



1-800-642-9066  
www.dmv.wv.gov

Current Vehicle Description			
MAKE	YEAR	WEIGHT	TITLE NO.
BODY STYLE		VEHICLE IDENTIFICATION NUMBER (VIN)	
OWNER(S) NAME(S) AS LISTED ON WV TITLE			



Transfer Vehicle Description			
MAKE	YEAR	WEIGHT	TITLE NO.
BODY STYLE		VEHICLE IDENTIFICATION NUMBER (VIN)	
OWNER(S) NAME(S) AS LISTED ON WV TITLE			
Has your address changed?    yes <input type="checkbox"/> no <input type="checkbox"/> List Current Address Below			
STREET ADDRESS			
CITY	COUNTY	STATE	ZIP CODE

### Proof of Insurance Information

Name of Insurance Company \_\_\_\_\_

Name of Insurance Agent \_\_\_\_\_

Insurance Policy Number \_\_\_\_\_

National Association of Insurance Companies (NAIC) No. \_\_\_\_\_

### IMPORTANT INFORMATION

- You must complete all of the vehicle information on this application. An incomplete application will be returned.
- DO NOT MAIL CASH. Submit your check or money for order for \$5.50 payable to DMV.
- Both vehicles must be titled and registered in the same owner(s) name(s).
- Driving without insurance is against the law. Be sure to provide all requested insurance information above.

### Mail Form & Payment To:

WV Department of Transportation  
West Virginia DMV  
PO Box 17710  
Charleston, WV 25317